

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		06-11-01
O.I.P.E. CLASSIFIER		49	6/20/01
FORMALITY REVIEW	MH	920	08-07-01
RESPONSE FORMALITY REVIEW	A	1030	9-25-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	06/11/01
2	✓	✓	06/11/01
3	✓	✓	06/11/01
4	✓	✓	06/11/01
5	✓	✓	06/11/01
6	✓	✓	06/11/01
7	✓	✓	06/11/01
8	✓	✓	06/11/01
9	✓	✓	06/11/01
10	✓	✓	06/11/01
11	✓	✓	06/11/01
12	✓	✓	06/11/01
13	✓	✓	06/11/01
14	✓	✓	06/11/01
15	✓	✓	06/11/01
16	✓	✓	06/11/01
17	✓	✓	06/11/01
18	✓	✓	06/11/01
19	✓	✓	06/11/01
20	✓	✓	06/11/01
21	✓	✓	06/11/01
22	✓	✓	06/11/01
23	✓	✓	06/11/01
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28	✓	✓	06/11/01
29	✓	✓	06/11/01
30	✓	✓	06/11/01
31	✓	✓	06/11/01
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43	✓	✓	06/11/01
44	✓	✓	06/11/01
45	✓	✓	06/11/01
46	✓	✓	06/11/01
47	✓	✓	06/11/01
48	✓	✓	06/11/01
49	✓	✓	06/11/01
50	✓	✓	06/11/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

RES-50583  
 09/25/01  
 530  
 08-08-01